

FILED JUL 11 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17843

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 4054		Registrar's No. 668	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rushville (Town) township)		c. LENGTH OF STAY (in this place) 2 mos.		c. CITY OR TOWN Rushville,		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Delivery				e. STREET ADDRESS (If rural, give location) General Delivery 0110			
3. NAME OF DECEASED (Type or Print) MYRTLE		a. (First)		b. (Middle)		c. (Last) WINKLER	
4. DATE OF DEATH July 3 1955		5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH Feb. 7, 1882		9. AGE (In years last birthday) 73		10. IF UNDER 1 YEAR Months Days Hours Mins.		11. BIRTHPLACE (City and State or Foreign Country) Oxford, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Richard P. Harris		13b. MOTHER'S MAIDEN NAME Mary Jane Meeks		14. NAME OF HUSBAND OR WIFE Paul	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Winford Anderson, Rushville, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Epidermoid Carcinoma of cervix with metastases to liver ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 171X DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <del>Epidermoid Carcinoma of cervix with metastases to liver</del> Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
23d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		23e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 6/11, 1955, to 7/3, 1955, that I last saw the deceased alive on 7/3, 1955, and that death occurred at 5:25 P. M., from the causes and on the date stated above.							
23a. SIGNATURE H. F. Mundy		(Degree or title) M.D.		23b. ADDRESS 2801 Sacramento St. Joseph, Mo.		23c. DATE SIGNED 7/5/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/6/55		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo	
DATE REC'D BY LOCAL REG. July 7, 1955		REGISTRAR'S SIGNATURE E. M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS St. Joseph, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed John E. Rupp .....

Licensed Embalmer No. 398

P. O. Address St. Joseph .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.